CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to: DCCA - P&VLD

Real Estate Commission

335 Merchant Street, Room 333

Honolulu, HI 96813

REGLIVED PVL REAL ESTATE BRANCH

16 AUG -3 A9:50 Name of Condominium Association: 2765 Kapiolani AOAO June 9, 2016 and replaces the information The information provided on this form is current as of ____ previously provided to the Real Estate Commission ("Commission"). 1. CONSULTED A FEB STATE OF HALLS Please indicate the change being reported: | Names and positions of the officers of the association (President, Secretary and Treasurer required): President - Priscilla Khoo Vice President - Diane Murayama Secretary - Jacqueline Farina George Yoon - Director Treasurer - Tracy Fujita Designated officer of the association who can be contacted directly: Name: Officers Public Address: Telephone Number: Email Address: Management status: (Check ONE only and fill in corresponding information) Self-managed by the Association of Unit Owners (AOUO) Name of Manager: Address: Teiephone Number: Email Address: Managed by Condominium Managing Agent RB License Number: ______ Contact Person: Address: Telephone Number: Email Address: Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the Commission: (if different from above) Name of Manager: _____ Address: Email Address: Telephone Number:

Name:	Telephone No.: KEAL FSTATE Lie	1 +1 E - 1
Alternate Name:	Telephone No.:	
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ify that I am authorized to sign _i this form on behalf	f of this condominium association, and that the informa	ition
vided is true and correct.	DER FOR COMPLE S. CONSUMER AND	:
Signature of association officer, develop	er or 100% sole owner of condominium project Ur PAN	F + 1
cqueline Farina	7/25/2016	
Print Name	Date	•
eck one only:		